ARIZONA STATE B	PAL STATISTICS
1. PLACE OF BIRTH STANDARD CERTI	FICATE OF BIRTH Registered No
County Tela	State
District or Township	or Village
meany Ward Carro (aufin Ward	
2. Full name of child. alicea Valde	rred in a hospital or institution, give its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of birth.	7. Date of birth Jan 41/7
8. Full name Juan Dalde y	14. MOTHER Full maiden name Ram on a Murana
9. Residence (Usual place of abode) If non-resident, give place and state. Hivy.	15. Residence (Usual place of abode) If non-resident, give place and state.
10. Color or race . 11. Age at last birthda (Years)	16. Color or race 17. Age at Jast birthday
12. Birthplace (city or place) Jaculie V	18. Birthplace (city or place) Christon as (State or country) Furyong
13. Occupation Nature of Industry	19. Occupation #, W
20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive as (b) Born alive by (c) Stillborn.	C \
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was (Born slive or still prn.)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes not shows other evidence of life after birth. Signature Chysician or midwife).	
Given name added from a supplemental report	Many Augua
Month, day, year 150 - 150 Registrar	m 11, 19 59 6 - 6 - 5 - 7 Registrar

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